

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>   | Code Units based Framework for domain- independent Visual Design and Development |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
|---|--|-----------------|--|--------------------------------------|-------------|--------------------|-------------------|-----|------|---|---|------------------------|--|------|----|---|--|--|--|--|--------------------------------------|
| Application Number :<br>Date :<br>First Named Applicant: Mr. Gerardo Arayata Recinto<br>Attorney Docket Number:   |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <b>TOTAL FEE AUTHORIZED \$ 375</b><br><br>Patent fees are subject to annual revisions on or about October 1st of each year.   |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Filing as small entity<br><br>BASIC FILING FEE  |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>  |  | Fee Description | Fee Code                               | Amount \$                            | Fee Paid \$ | Utility Filing Fee | 2001              | 375 | 375  |   |   |                        | Subtotal For Basic Filing Fees: \$ 375 |      |    |   |  |  |  |  |                                      |
| Fee Description   | Fee Code   | Amount \$       | Fee Paid \$                            |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Utility Filing Fee  | 2001   | 375             | 375                                    |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
|   |  |                 | Subtotal For Basic Filing Fees: \$ 375 |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| EXTRA CLAIM FEES  |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 17</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> |  | Fee Description | Extra Claim                            | Fee Code                             | Amount \$   | Fee Paid \$        | Total Claims : 17 | 0   | 2202 | 9 | 0 | Independent Claims : 3 | 0                                      | 2201 | 42 | 0 |  |  |  |  | Subtotal For Extra Claims Fees: \$ 0 |
| Fee Description   | Extra Claim  | Fee Code        | Amount \$                              | Fee Paid \$                          |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Total Claims : 17   | 0  | 2202            | 9                                      | 0                                    |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| Independent Claims : 3  | 0  | 2201            | 42                                     | 0                                    |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
|   |  |                 |  | Subtotal For Extra Claims Fees: \$ 0 |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |
| <b>AUTHORIZED BILLING INFORMATION</b><br><b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br><br>Credit account number: 0194<br>Expiration Date (YYYYMMDD): 2004-08-31<br>Authorized name: Gerardo Recinto<br>Billing address: 94587   |  |                 |  |                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |  |                                      |